

# QUOTATION REQUEST

EMPLOYER

## Section 1: Member details (please complete in full)

MRA reference number

Title  Initial/s

First name

Surname

Member's maiden name

Date of birth

RSA ID   ID / Passport no

Passport country of origin

Contact number  Cellphone number

Email address

Date of Employment  Date of Retirement / Withdrawal

Last Contribution (Member)   Additional Voluntary Contribution (Member)

Does the member have an existing housing loan guaranteed against the fund

Spouse's/Life Partner's Names

Spouse's/Life Partner's Date of Birth

## Section 2: Type of quotation (tick appropriate box)

### Withdrawal Quotation Options

Resignation  Dismissal  Redundancy/Retrenchment

### Retirement Quotation Options

Normal  Voluntary early  At employer request  Ill Health  Late  Permanent disability

### Guaranteed Period Options

5 years  20 years

If you pass away, within the guaranteed period (one of 5 years<sup>1</sup> or 20 years), your spouse will receive 100% of the pension you were receiving at the time of your death for the remainder of the guaranteed period. Thereafter your spouse will receive a lifelong pension based on 75% of your pension at death after retirement

Does the member require financial planning assistance?  
Please contact the Principal Officer's Office at [info@gobenefits.co.za](mailto:info@gobenefits.co.za)

## Section 3: DECLARATION (only required if the quotation is requested by the member)

It is hereby confirmed and warranted that the information contained herein is both true and correct. The Member hereby safeguard the Fund, Principal Officer and Momentum from and against all and any loss, damages, costs and expenses which the member, or any other person whatsoever may sustain or incur, either directly or indirectly as a result of any loss, damage, cost and expenses arising from any error or omission from any particulars given by the Member.

<input type="text"/>	Signed at <input type="text"/>
<b>Member Signature</b>	<input type="text" value="DD - MM - YYYY"/>
	<b>Date</b>

---

**When you sign this form by inserting a digital signature it confirms that the information provided is true and correct.**

**Options to sign the form:**

1. Print out the form, sign and scan it and send it back to [NTRF@momentum.co.za](mailto:NTRF@momentum.co.za).
2. Place your scanned signature in the signature block.
  - Store your scanned signature in a safe place on your computer.
  - Select the 'comments' tab from your menu in Adobe.
  - Select the 'add stamp' icon.
  - Select custom stamps.
  - Create custom stamps.
  - You can now browse and upload your signature to save it as a custom stamp under 'sign here' in Adobe.
  - You can now go back to your 'stamps' icon and select 'sign here' and select your saved signature.
  - Place it in the document and save the document.

When you want to print the form to complete by hand you can turn off the field highlights by selecting the "highlight existing fields" on the top right hand corner of your screen.